Nevada Department of Taxation Local Government Services Division

Small Business Impact Statement and Questionnaire (Response Requested by November 5, 2015)

LCB File No. R097-15P

LCB File No. R097-15P amends State Board of Equalization ("State Board") procedures regarding information in property tax appeal petitions; notice of representation by an authorized agent to the State Board; documentation necessary to demonstrate authority of representative to file an appeal on behalf of an owner; definitions of parties in an appeal; and submission of duplicate documents. A copy of the draft regulation is enclosed.

The Department's preliminary analysis indicates there is no direct and significant economic burden on small businesses based on the contents of the proposed regulation. Nevertheless, the Department solicits comment from small businesses as to whether the regulation poses a direct and significant economic burden on the business or whether the business anticipates the regulation would directly restrict the formation, operation, or expansion of the small business. Your input is needed to have a complete analysis of the economic effect of the regulation on small business.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. Mail, FAX or Email your completed form by November 5, 2015:

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Brief Description of Proposed Changes to the Regulation

LCB File No. 097-15 was proposed to generally clarify and improve the procedures for appealing before the State Board of Equalization, including the information collected on appeal forms and agent authorization forms, what a written authorization entails, and definitions for the participants in an appeal. These regulations take into consideration the changes made to NRS 361.334 regarding ownership of property and NRS 361.362 regarding the written authorization that authorizes a person to file an appeal on behalf of an owner. NAC 361.721 regarding duplication of exhibits is also proposed for amendment.

Small Business Impact Questionnaire LCB File No. R097-15

Part A.	. CONTACT INFORMA MALL BUSINESS :	TION					
NAME OF CONTACT PERSON MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)					TITLE	TITLE	
					EMAIL ADDRESS:		
CITY		STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	
Part B box.	. Is the business list	ed abo	ove a "sm	all business'	'? Please ched	ck the appropriate	
	33B.0382 defines a sn han 150 full-time or par				iducted for profit	, which employs	
My bu	siness employs fewe	r than	150 full-tir	me or part-tin	ne employees.		
My bu	siness employs 150	or mor	e full-time	or part-time	employees.		
please	. If your business e answer the following the properties of the pr	ing qu	estions:				
	significant economic burden upon your business? Yes □ No □ If you checked the "yes" box, please list each regulatory provision (e.g., Section 11 amending NAC 361.721), and describe the direct and significant economic burden it have on your business. Attach additional sheets if necessary.						
2.	Do you anticipate the or expansion of your self you checked the "ye 287.778(1)(a)), and deadditional sheets if ne	small bu es" box, lescribe	usiness? \ , please lis e the restric	res □ N t each regulate	lo ory provision (e.	g., Section1,	
						Sentanta .	